

Draft Minutes of Health Cluster Meeting #18

06th April, 2012, Khyber Pakhtunkhwa

DGHS KPK Office Conference Room

(10:00 – 12:00, Duration: 2 hours)

Participants:

UNFPA, CERD, SAVE THE CHILDREN, MERLIN, FLOWERS, JOHANNITER INTERNATIONAL, HHRD,EPI CELL, HRDO,WHO, KKT, HEALTH DEPARTMENT KPK, MDM-F, CAMP, EHSAR, POVERTY ERADICATION INITIATIVE(PEI) ,ICRC, MIHO,GIZ,IRC,UNICEF,SWWS,FOM

Agenda:

- **Introduction**
- **Action Points**
- **Situation in Jalojai camp**
 - Update by WHO; Health Cluster
 - Update by DG office
- **Communicable Disease Control Update**
 - Epidemiological/DEWS update by WHO (Dr Sardar)
 - Dengue update by WHO (Dr Jasim)
- **MCH / RH**
 - Update by UNICEF
 - Update by UNFPA
- **Updates (last two weeks performance) by health partners**
- **A.O.B.**

Introduction

Meeting started the recitation and introduction. DoH and WHO welcomed all health sector organizations and the representatives of the Department of Health for attending the meeting.

Action Points from Last Health Cluster Meeting

- Organizations requested to update WHO and DG office on 4W,Health Sector Contact list, Health Sector Field Directory
- **Follow up:** Information shared by CERD, MDM-F, MERLIN,CAMP,HHRD, PEACE,FPHC, MALTESER INTERNATIONAL, UNFPA,ABASEEN, JUHANNITOR INT, EHSAR,CWS,UWOCD, FLOWERS,SWWS, FRIENDS of Mind. WHO thanked partners for providing their data on 4w, field directory and health cluster contact list and requested them not to stop mechanism of

sharing information on regular basis. All partners were requested to regularly share their updates with WHO and DGHS KPK Office.

- Partners to share their Activity updates with WHO
 - **Follow up:** Activity report shared by CERD, MERLIN, CAMP, Johannitter, OSED and IRC.
 - Organizations requested to use health cluster approved and promoted assessments templates and forms, including: HeRAMS; first and second levels health facilities' assessments and rapid needs assessment forms.
 - **Follow Up:** WHO informed that they have electronically shared all available assessment templates with all partners and partners can use these templates for their future assessment. The assessment done on recommended shared templates can benefit partners in future funding.
 - Collaborative decision was to be made on potential expansion of health care provision in Jalozai camp. DDPH would visit Jalozai IDP camp to analyze the latest health situation. MERLIN, CAMP and CERD requested by health cluster to open each required additional health posts.
 - **Follow Up:** Cluster was informed that 2 new health posts, one MCH Center and one PHC has been opened and is functioning in Jalozai IDP camp. The remaining one PHC will be functional in next week.
 - AD EPI was requested to prepare a plan for implementation of measles vaccination for new arrived IDPs in Jalozai camp. AD EPI requested district level officials to prepare and share the micro plan to ensure measles vaccination.
 - **Follow Up:** Cluster was informed that micro plan for mass measles campaign has been submitted. The campaign will be held in next week in 3 UCs and Jalozai IDP camp. It will be a polio plus campaign (polio, measles and vitamin A) covering campaign. UNICEF informed that they have provided one hundred and fifty thousand vaccines to DoH.
 - CAMP NGO highlighted the latest decision of DoH Nowshera to shift 2 EPI technicians from NGO health post to EPI registration point 2 in the camp. CAMP requested DDPH to take up the matter with EDO-H Nowshera to solve this problem.
 - **Follow Up:** The matter has been solved. Vaccinator provided to CAMP for fix site vaccination. UNICEF informed that they have approved one vaccinator and 4 female social mobilizers and have requested EDO-H Nowshera to give preference to local people who fulfill the criteria.
 - WHO requested partners to share updates on rehabilitation and reconstruction activities of health facilities.
 - **Follow up:** None of the organization shared their data on rehabilitation and reconstruction activities of health facilities with WHO. WHO again requested partners to share data on rehabilitation and reconstruction with WHO and DG Office.
 - WHO was requested to prepare and share the update on dengue prevention and control activities in the province.
 - **Follow up:** WHO updated health cluster partners on dengue prevention and Control cluster.
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Situation in Jalozai camp

- WHO updated health cluster on latest situation in Jalozai IDP Camp. A total of 121,220 families (593,204 individuals) are IDPs in KP and FATA, out of which 28,831 families (157,377 individuals) are registered in Jalozai IDP camp. 11,192 families are currently residing in the camp. More IDP families opt to for off camp residence. On March 30 out of 1,309 registered families (5,371 individuals) only 50 families (4%) decided to accommodated in the camp.
- **Humanitarian needs:** WHO shared that existing complications linked to vaccination and surveillance activities. Since September 2009 there was no vaccination campaign conducted in Bara tehsil of Khyber Agency remaining the area with evidence of persistent circulation of WPV (wild polio virus) P1 and P3 for more than a decade. There have been an alarming number of P3 cases and mixture of P1 and P3 cases from Khyber Agency. Health cluster must focus on containing the spread of WPVs and, take the opportunity of the influx of IDPs from Bara, to vaccinate the children who have remained unvaccinated for several years due to lack of access. Following up plans to open **off camp registration** and distribution points health cluster put together general requirements to be in place (new improved immunization services and “Women & Children friendly area”) and properly coordinated and facilitated by district authorities with assigned health personnel to ensure: provision of measles, polio immunization for children under 15 years old; provision of nutrition screening; provision of clean delivery kits to pregnant women; sharing information on designated place for referral for deliveries and sick children; set up of safe drinking, water and sanitation measures for the point; provision of hygiene education sessions to newly registered families as well ensuring training on ENC, EMOC, IMNCI, DTC response at nearby health facilities identified as referrals and: orientation sessions of DEWS to any health care providers in the area.
- **Humanitarian response:** WHO highlighted that CERF project on “Emergency Rapid Primary Health Care Response” was approved for US\$1,177,058. Health cluster partner will ensure: Provision of DEWS specific life-saving medicines (6 kits) against diphtheria, pertussis, tetanus, CCHF, Malaria and other epidemic-prone diseases; 20 Cholera Kits; 75 Emergency Health Kits (EHKs); 2,000 buckets for water disinfection for health care facilities and in response to outbreaks of water-borne diseases; 5,000 hygiene kits; 200,000 aqua tabs; 1,000,000 pure sachets; 100,000 hand washing soaps; Nutrition Stabilization center medicines supplies. Health cluster will conduct 2 orientations on DEWS and Rapid Response for 25 Health Care Providers for one day on immediate reporting of alerts and outbreak response. Three introduction sessions on EmOC, ENC and IMNCI in Pabbi Satellite Hospital (located at 7 km from Jalozai camp) will be provided together with 5 Rapid Training Sessions on facility based management of SAM for local Health Care Providers. In addition to establishment of new health posts (3) and strengthening the existing (4) health posts health cluster will establish and support Diarrheal Treatment Centre (DTC) in Pabbi Satellite Hospital and make operationalization of Nutrition Stabilization Centre (NSC) in the same hospital.

- UNICEF expanded the MCH point of CERD to female registration area in the camp. Similar shift followed for nutrition activities (CMAM centre) by Merlin for the registration area. Health cluster partners in the camp started establishment of additional health posts in new phases of the camp to ensure provision of PHC; MCH; CMAM (SFP, SFP PLW, IYCF and OTP); pharmacy; immunization; community outreach & health awareness and referral services to IDP population. FATA mobile medical teams have been brought into Jalojai camp following the decision of the government authorities. CERD NGO with support of UNICEF continues regular assignment of new health cards to newly arrived IDPs. Identification and further vaccination is in place of missed and un-registered children. CERD regularly refers and provide ambulance services to the most complicated cases in need of immediate hospitalization, including pregnant women. OPD services are provided on a daily basis with close follow up on antenatal and postnatal patients and delivery in MCH centre. UN Humanitarian Coordinator together with WHO visited one of functioning health posts in Jalojai camp where observed provision of emergency health care services to IDP population.
- **Essential Medicines:** WHO informed that they are on daily basis monitoring the rational use of medicines of all partners present in the camp. All additional requirements for essential medicines and other supplies by health cluster partners in the camp are being addressed and responded immediately by WHO.
- **Environmental Health:** WHO informed that they provide a daily water quality and quantity status daily surveillance report. WHO disseminated a number of technical guidelines on provision of proper environmental health services to all partners, including materials on "Emergency sanitation planning"; "Emergency treatment of water"; "Minimum water quantity required during emergencies"; "Cleaning and disinfection of water storage tanks"; WHO Technical note "Solid waste management in emergencies"; WHO Technical note "Prevention and Control of Cholera outbreaks"; WHO Technical note "Critical steps for control of Diarrhea diseases"; "Essential Hygiene messages"; "How to measure Residual Chlorine". WHO tested 192 samples for residual chlorine which was found in 77% of samples. 11 samples were also tested for microbiological contamination and 2 samples at household levels were found with minor contamination. Three new chlorinators installed in the camp on main tube wells in phase 1, Phase 4 and Phase 5. All the chlorinators were tested after installation through residual chlorine monitoring for proper dose management at source and users end.
- **MCH and Nutrition:** Health partners monitor the nutrition situation in the camp ensuring proper screening and required admissions of children between 6 to 59 months and pregnant women. A total of 79 children were screened with 4 admitted as SAM and 13 as MAM. 76 Health cluster partners put efforts to provide necessary MCH services to all women in need on ante- and post-natal care. During the reported week there were 58 new antenatal cases registered, 172 consultations and 52 post-natal provided and 17 deliveries. 143 health education sessions were conducted at registration point attended by 141 males and 1,286 females in the camp.
- WHO shared Gaps and Constraints which are the latest SIAD campaign identified certain weaknesses including poor social mobilization to target the 6-15 years children population.

Many of those above 12 years do not live in the camp. Many families are often absent from the tents. There were discrepancies between the data from the registration points (30,000 families), the vaccination points (13,600 of under 5 years old) and the NIDs campaign (8,000 of under 5 years old). Not all the children are being vaccinated at the registration points as per agreement with the authorities and the partners. Measles vaccines and resources had not yet reached the district. One UCPW was not enough to cover the camp (40,000 people) and the villages outside the camp. Continuous strikes by LHW (lady health workers) disrupt the polio campaign' organization. There was a lack of enthusiasm and urgency for the conducted SIAD campaign. There must be plans to put in place to address the problem of vaccination remaining 65% of children population in Bara.

- Health cluster put forward a list of recommendations for future SIAD campaigns including re-training of newly recruited vaccinators and emphasizing the importance of all under 15 years old vaccination and marking the tents; reiterating the need to vaccinate all children upon arrival at the registration point. Measles vaccination should start as soon as possible. The 2nd and 3rd SIAD campaigns are supposed to be conducted from 2nd to 4th April and 12th to 14th April, 2012 respectively. WHO, UNICEF and DoH should put in place realistic micro plan for implementation of massive measles campaign for children population (6 months to 15 years) in the camp and 3 union councils of Nowshera district where most of off camp IDP population reside at present. According to the district EPI coordinator Measles and Vitamin A supplementation will be part of the 2nd passage. Close inter cluster coordination is required between Health, WASH and Nutrition clusters to address issues related to water born diseases and malnutrition among the IDP population living in camp.
- **Update by DG office on Jalojai IDP Camp:**
- Focal Person EDO-H Nowshera informed that there is no shortage of vaccines. Despite of strike by LWHs they will participate in mass measles campaign. EDO-H Nowshera is fully cooperating with all partners and expects same from organizations.

Key Points Discussed

- A Quality campaign should be conducted to vaccinate all the children in Jalojai IDP camp.
- Immunization points should be established near the Jalojai IDP camp to ensure vaccination of camp IDPs.
- UNICEF suggested establishing of Safe Haven corner for women for breast feeding, and counseling to address nutrition services at the off camp IDPs registration points.
- Lady health workers should be involved in identification of IDPs living in off camps/ host communities, so that a proper health care response should be given to them.
- Improved social mobilization and emphasis on awareness is required to target 6-15 years children population for polio vaccination.
- UNICEF requested Merlin to share nutrition data of Jalojai IDPS with their IP CDO, which will be providing nutrition services to the newly established phase 7 & 8 at Jalojai IDPs camp.
- EDO Nowshera has planned a vaccination point in Wach Nehr for the returning IDPs from Nowshera.

Communicable Disease Control Update:

- Epidemiological/DEWS update by WHO: WHO shared the epidemiological updates with health cluster partners. **Presentation attached.**
 - Dengue update by WHO : WHO shared the presentation on Dengue Prevention and Control with health cluster partners **Presentation Attached**
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Reproductive Health Updates

- UNFPA shared partners and their data of RH services with health cluster partners. **Presentation attached.**

Updates (last two weeks performance) by health partners

- Johannitter International providing services in district Nowshera. They are providing services in BHU Dhag Behsud, BHU Wazir Ghari and Banda Mullam Khan. This project will end on 30th April, 2012 with possible extension.
- IRC providing RH services in district Nowshera. The project duration is from July 2011 to December 2012. The IRC is working with provincial and district health authorities and local Family Planning training institutions to build the capacity of RH health staff working within Pakistani health system. This includes community-level LHWs, LHV's and female doctors who deliver services at health centers and hospitals. IRC is in touch with WHO Islamabad in implementing a leishmaniasis control project in District Nowshera and Lower Dir. Initially the project duration was from 1st January to 31st of March 2012, but the letter of agreement was received on 29th of March. Currently IRC is in touch with WHO to see the possibility of extending the project duration for another 2 to 3 months. The communities are given IEC messages by arranging sessions within the communities by involving LHWs. These messages not only include general health and hygiene but covers Family planning and Post Abortion Care (PAC) also. Recently after the suggestion of the health cluster we have also included the messages about dengue fever in our IEC sessions added by IRC member. So far a total of 235 sessions have been conducted. IRC has conducted capacity building trainings on Infection Prevention, Counseling and Short & Long Term Methods of Family Planning and TOT on Healthy Spacing & Timing In Pregnancies in which 75 personnel were trained. A ceremony was arranged by IRC on March 30, 2012 for distribution of medicines, equipments and FP commodities for health facilities of District Noshehra. The EDO (Health) and PPHI (DSM), were handed over documents for 30 Basic

Health Unit (BHUs) 7 Rural Health Centers (RHCs), 3 Civil Hospitals and 1 District Headquarter Hospital of district Nowshera.

- UNFPA informed that their services in RHC Gomal Bazar district Tank have been stopped since last two weeks due to killing of LHW. They requested ADPH to take up the matter with EDO-H. ADPH informed that he will discuss this matter with EDO-H on Monday 9th April, 2012 for the resumption of UNFPA services in the said health facility. UNFPA highlight that their IP SWWS has got NOC and they will be providing RH services in districts Tank, Lower Dir, Swat and DI Khan. ADPH appreciated the services of UNFPA and informed that district authorities are well satisfied from the services of UNFPA in their respective districts.
- UNICEF, WHO and DoH agreed to relocate the LLINs from district Kohistan to Peshawar. The responsibility of transporting these LLINs to district Peshawar was of WHO. They requested WHO to expedite the process of transporting these LLINs. WHO informed that the task will be completed within 10 to 12 days. UNICEF is also making separate distribution plan with DoH for distribution of 3000 LLINs lying in district Peshawar. They have also provided five hundred thousand leaflets on dengue prevention to DoH.
- CERD informed that their new health facility in phase 8 of Jalozai IDP camp is functional now and providing MCH services. They have 2 MCH centers with 2 referral points and 2 registration points in Jalozai IDP camp. CERD is providing PHC services in Togh Sarai IDP camp. Regarding measles cases reported from Togh sarai IDP camp, CERD requested cluster to extend vaccination age limit of children from 5 to 15 in togh sarai IDP camp.
- CAMP organization informed that their ARI Center in THQ Chakdara district lower Dir will be closing on 6th April, 2012. They will share the complete data with cluster. New health facility in Jalozai IDP camp will be functional from 16th April, 2012. Tent pitching process is in progress. CAMP early recover project is in progress in district Nowshera and Charsadda.
- Save the Children informed that they have completed two days assessment of new IDPs in host community of district Peshawar. They have planned to provide services to these IDPs through mobile teams. Currently they are waiting for NOC.
- MIHO informed that they are providing immunization outreach and fixed services in district Lower Dir, Upper Dir, Chitral and Swat. In the month of March they have administered 31923 children and pregnant ladies. MIHO is planning to start their services in Tor Ghar district. They are regularly sharing their data with provincial EPI department. Cluster suggested MIHO to share their data with provincial HEPR cell for which email ID is heprkp@yahoo.com.
- HRDO a self supported organization informed that they are integrating sport with health and in this regard they have arranged cricket tournament in district Mardan in which they gave health education messages regarding polio, measles and dengue. They are planning a similar type of activity in Jalozai IDP camp also. During the tournament through effective social mobilization they vaccinated 22 chronic refusals cases of polio.

- MDM-F informed that they have provided 40,000 leaflets to DoH for dengue prevention. They asked Dr Wali to assign them the messages which can be displayed on billboards. MDM-F has distributed 20000 dengue prevention messages in district DI Khan, Kohat and Hangu. ADPH appreciated MDM-F support and services.
- MERLIN providing PHC, Nutrition, WASH, Malaria control and MCH services in different districts of KPK. They have 4 ARI Centers functioning in different district of KPK. Currently they are in consultation with DGHS for upgrading of provincial referral lab. MERLIN was appreciated for their quality services and role they are providing to the IDPs of Jalozai camp. MERLIN is in close coordination with district health authorities for the identification of UCs for awareness on dengue prevention.
- HHRD providing services in district Charsadda & Nowshera. They have some plans to initiate mobile HSU which will be mainly focus on immunization in the host community of district Nowshera. HHRD will coordinate with EDO-H Nowshera and ADPH to decide this plan.
- EHSAR foundation informed that their ARI center in district Shangla is closed on 30th March, 2012. They have consulted 4700 patients in ARI Center. EHSAR foundation informed that they are still waiting for their NOC and requested WHO to intervene to process their NOC for service provision in New Durrani IDP camp Kurram Agency. ADPH will take up the matter.

Action Points:

- EDO-H Nowshera requested partners to provide umbrella canopy for transit vaccination point.
- ADPH directed partners to provide support in terms of social mobilization regarding dengue prevention.
- Micro plan for mass measles campaign has been submitted. The campaign will be held in next week in 3 UCs and Jalozai IDP camp. It will be a polio, measles and vitamin A plus covering campaign. UNICEF informed that they have provided one hundred and fifty thousand vaccines for this campaign.
- All partners were requested to ensure quality campaign in these 3 UCs and Jalozai IDP camp.

Conclusion Remarks and Next Health Cluster Meeting

- ADPH thanked all the participants for coming to health cluster meeting.
- Next Health Cluster meeting will be held on 25th April, 2012